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SURGICAL LECTURES,

DELIVERED BY

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Theatre, St. Bartholomew's Hospital.

LECTURE 7.

GENTLEMEN,

I told you that I should have to say something to-night on the subject of

Tumours.

I shall begin with such as admit of the readiest illustration, as to the manner in which they form, and such as appear to possess the most simple structure.

Pendulous Tumours.

There are some tumours which hang *pendulous* from the surfaces of membranes, being attached by very narrow bases to the structures from which they hang, by what in fact is a mere peduncle. The manner in which such tumours form was first described by JOHN HUNTER, that great man to whom we all owe so much. He found, on opening the abdomen, a spot of extravasated blood lying upon the surface of the peritoneum; the blood appeared recently coagulated, and was attached by a very narrow neck, of about half an inch in length, to the surface on which it had been deposited; he attempted to account for the length of this attachment by supposing, that the coagulum of blood had adhered to the surface of the peritoneum, and that by the movements of the abdominal viscera, it had been elongated in the way before described. Now there is no doubt but that vessels would have shot through this narrow neck and have organised the clot of blood, which would, in this way, have continued to grow to an indefinite size. We have a tumour in the museum, which hung pendulous from the front of the peritoneum; produced without doubt in the way which Mr. HUNTER described. The organization, and the peculiar actions, had been so far perfected, that a lump of fat was deposited in the centre of the tumour, whilst the neck remained fibrous and vascular.

I believe that tumours form in all parts of the body in the same way. The jelly, or the coagulable part of the blood, becomes effused either by disease or accident: vessels shoot into it; it becomes completely organised, and what was before an inorganic concrete, becomes a part of the living system. The attachment of a tumour to a part is sometimes by a slender point, and then all the vessels supplying the tumour must pass through that point; but in other cases, the vessels shoot into the tumour irregularly at various parts. The tumour thus once organised seems to live and grow by its own powers; the future structure which it may acquire seems to depend on the operation of its own vessels.

Sometimes the structure of a tumour is like that of the parts near which it grows: fatty tumours frequently, aye generally, are found in the adipose structure of the cellular membrane, whilst those which form in the joints are frequently of an osseous or cartilaginous consistence. This, however, is not always the case, for you may find tumours composed of very different materials from the parts by which they are surrounded. It appears that a tumour being once formed is a sufficient cause for its own continuance and increase; it irritates the contiguous parts, and keeps up that increased action of vessels which is necessary to its supply. A tumour,

having been once formed, increases, condenses the surrounding cellular substance, and forms for itself a sort of capsule. It is connected to the surrounding parts more or less firmly, according to the degree of irritation which it may excite.

I shall consider *tumours* as constituting an *order* in the *class of local diseases*. This order may be subdivided into genera; and I shall first speak of the

Genus Sarcoma, or Sarcomatous Tumour.

It has been termed sarcoma from its distinguishing characteristic, having a firm and fleshy feel. There are several species of this kind of tumour. There is one species of this tumour which appears principally composed of the coagulable part of the blood, rendered very vascular by the growth of vessels through it, without having any remarkable peculiarity in their distribution, and I have therefore called it

The common Vascular, or Organised Sarcoma.

This tumour is of a firm and fleshy feel; it is one of the most simple in its nature, and it is probable that most tumours are at first of this kind of structure. It is met with in different parts of the body; in the testis, mamma, and absorbent glands. After it has acquired a considerable size, the veins on its surface are remarkably large and have rather a flattened appearance. Such tumours generally grow till the skin ulcerates from the distension, and exposes the newly-formed substance, which frequently sloughs and falls out. However, I always like cases, and I like them because I consider that they impress the mind more forcibly than mere words. It is said, that "History is a mode of teaching philosophy by a recital of facts." To explain to you what I know of this sort of tumour, I will repeat the following case. A woman was admitted into this hospital with a large tumour on the inner side of her knee, which had so spread over the tibia that it could not be felt. It continued to increase; the veins were large, and had a net-like appearance on the surface; it distended the skin very much; it ulcerated; considerable inflammation and sloughing of the tumour followed, so as to leave a cavity in it about the size of a pint basin. A copious fetid discharge followed and frequent hæmorrhage. The patient was hectic from the irritation which it produced. What was to be done? Here was a large swelling ulcerated; whether it had any connection with the bone or not could not be decided. The patient's health was sinking, and it was considered necessary to amputate. I took the limb home, injected it, and carefully dissected the swelling. I found that it did not communicate with the bone or with the joint; there was a part of a thin capsule remaining at the lower part of the swelling, but the principal bulk appeared to be made up of the coagulable part of the blood, rendered highly vascular. Now there was no fault to be attached to the surgeon in this case; the disease was not understood, and you know that to err is human. The next species is the

Adipose Sarcoma.

This tumour is also formed, in the first instance, by coagulable lymph, rendered vascular; and the secretion of the fatty matter is the result of the peculiar arrangements and actions of the vessels. It is generally found in the cellular and adipose substance on the trunk, but sometimes on the extremities. These tumours are generally contained within their cysts, which appear to be formed by a slight condensation of the surrounding cellular structure, unaffected by inflammation. They sometimes arrive to a very great size. Sir ASTLEY COOPER has removed one which weighed 40lbs.; others have been removed which have weighed 22 and 16lbs. They appear to increase in a given ratio: they will go on increasing for many years, but they are not noticed much in the early part of their career; for supposing a tumour of this kind to be of the size of a hazel nut, why if it should increase one-third in the course of a year, it might not attract much attention; but if it should be the size of my head, and increase one-third in a year, egad! you would see the alteration plain enough. The vessels of adipose tumours are neither large nor numerous;

they are readily torn, and the hæmorrhage is very slight. There is no tumour that can be removed with so much dexterity and safety as this; it is such as young men who wish to distinguish themselves as operators should always be on the look out for. You have a patient apply to you with swelling, you make an incision upon it, open the sac, put in your finger, turn it round between the capsule and the tumour, and out it comes. A man came to this hospital with a large swelling on the thigh, which appeared to be beneath the fascia; the man gave a very clear account of the case; he said that it had been forming nearly four years; that he remembered it when no larger than an egg; that it had gradually increased, but without pain. The surgeons here would not undertake the operation; they were uncertain as to the nature and connexions of the tumour; it might arise from the bone, and so on. They all agreed that if the tumour burst the poor man must lose his life. I recommended him to call upon different surgeons in London before he returned home, and gave him a list of persons on whom he might call. Mr. CLINE gave him more encouragement than any other person, and the man went into St. Thomas's Hospital. Mr. CLINE divided the skin and fascia of the thigh, put in his finger, and the tumour was easily turned out; there was very little difficulty attending the operation; no hæmorrhage followed; the wound healed, and the patient did very well.

This kind of tumour has sometimes a *lobulated* appearance; it appears to be made up of a great many little lobules, connected together by cellular membranes, and these give it an irregular feel on the surface. Such tumours are sometimes separated with difficulty; they form *adhesions* to the surrounding parts by their capsules, which also become thickened. Sometimes there are cross bands of cellular structure, which give great trouble when you are trying to get out the tumour. To show you that adhesions of the capsule to the surrounding parts sometimes occasion difficulties I will tell you a case.

A man had a tumour of this sort which hung down from his rump; it gave him little pain, and he continued to thump upon the swelling each time that he sat down. It increased very much in size, and he wished to have it removed. Mr. LONG performed the operation; he made an incision upon the swelling, but found great difficulty in separating the skin from its surface. Ah! thought he, it is thus "bad begun, but worse remains behind." But what was to be done? Why he was in the boat, and must go on; he did go on; and after a little further dissection he separated the skin, but expected to meet with more trouble afterwards. He pulled the tumour on one side to get at it better, when out it came, such a bundle of it, made up of little lobules, like a bunch of grapes. (A laugh.)

There is a species of sarcoma, resembling the structure of the pancreas, which I have called

The Pancreatic Sarcoma.

It appears to be made up of irregularly-shaped masses, connected together by a fibrous substance, like the pancreas, and also resembles it in colour. It is found more frequently in lymphatic glands than in the cellular substance; very often in and about the female breast, particularly between it and the axilla, where there is an absorbent gland found, and sometimes it appears as if the gland was converted into this kind of structure; but I have frequently found it surrounded by a capsule, which has induced me to think that it is a distinct tumour. Such tumours increase very gradually, not tending to inflammation or suppuration. They are generally removed after having acquired a certain size, on account of the anxiety which they produce if allowed to remain.

A lady applied to me, having a tumour of this kind between the breast and axilla of the size of a goose egg, and as it had produced serious alarm, I was requested to remove it, which I did. When I cut into the tumour, I found it composed of the structure which I have described. I went back to the lady and said, "Madam, you may make yourself perfectly easy, it is not cancer, and it will never return." Dr. BOUTTATE, of Moscow, has given an account of a tumour of

this kind, which grew from a part which could not be supposed to be glandular. He says, that when travelling in Italy, he saw a man with a large tumour hanging over the side of the face, and that he was induced to examine it. It was seven inches long, and three inches and a half in circumference: it had been forming several years, and he persuaded the man to have it removed. He found that it grew beneath the conjunctiva of the lower part of the globe and lower lid, and protruded between the lids. He cut through the conjunctiva very carefully and removed it, and much to his surprise the cornea, even where it had been covered by the tumour, remained transparent. He has given a good plate of the tumour, and his description of its substance corresponds very closely with that which I have called pancreatic. One would almost have thought that the doctor had some dealings with the old one to have described a tumour so exactly, if he had not seen it; all I know is, that there is a very great similarity in our descriptions of the tumour, as much so as you will find in the description of any other tumours. It had the ordinary characters of such swellings; it was slow in its progress, not prone to inflammation, nor disposed to suppurate.

The next species of sarcomatous tumour which I shall mention is the

Cystic, or Cellular Sarcoma.

It is a tumour made of little cells or cysts, and may be named therefore the cystic, or cellular sarcoma. There are some varieties of this tumour. It occurs frequently in the testis and ovary. In one kind of this disease the testis may be enlarged to six times its natural size; made up of a number of cells, containing a *serous fluid*, perhaps about the size of small grapes; it occurs frequently from a blow, and the sides of the cysts are occasionally very vascular, so as to admit of being injected. Sir CHARLES BLICKE removed a tumour of this kind from the face of a boy; it was found to consist of a number of cells, containing a serous fluid.

In the testis, these cysts are found to contain occasionally a *caseous substance*; it is like cheese in consistence, has an unctuous appearance, and is of a yellowish cast. The sides of the cyst are generally vascular, but the cysts vary in size. Mr. RAMSDEN removed a testicle which contained the material I have just described.

Of the Mammary Sarcoma.

This is a kind of tumour which very much resembles the structure of mammary glands, or udders. If you cut into it, you will find that it is of a firm whitish appearance, like udder, and I have therefore been induced to name it mammary sarcoma. Sometimes it has a brownish, or reddish tint. I think, on the whole, that this diseased structure is very liable to degenerate into an intractable ulcer, which will communicate the disease to the parts in its immediate neighbourhood. This used to be a very frequent occurrence when Mr. ALANSON's mode of healing the parts by adhesion, after the removal of the tumour, was first introduced. I recollect a case in which a tumour of this kind hung down on the inner side of the thigh of a female, and from one of the labia pudendi. The tumour was examined carefully to ascertain that there was no hernia in it, and Sir CHARLES BLICKE removed it by making an incision on each side of its base, and separating its attachment. The edges of the skin were brought together, but it left a nasty, fretful, ragged ulcer, which healed very slowly. This tumour appeared to possess no distinct capsule, but extended itself gradually into the surrounding parts. I have placed this species of tumour in this part of the arrangement, because it appears to hold a middle place between such as are mild in their character and such as have a malignant tendency. It has been said, what a lamentable thing it is that the number of practitioners should have increased so much of late years; but diseases have certainly very much increased also. Such diseases as were very rare when I was a young man are now very common, and that which I have just been describing may be considered as an example. I shall speak now of the

Pulpy, or Medullary Sarcoma.

This is a disease which has been very frequently found in the testicle,

and has been therefore called the soft cancer of the testicle. But it is not cancer, and it is found in other parts of the body, therefore it has no right to either of these terms. I have called it medullary sarcoma, because the substance of which the tumour is composed very much resembles the pulpy medullary structure of the brain. I cannot explain the nature of this disease better than by giving you the following case:

A man had a swelling in his left testicle, which supervened upon an attack of gonorrhœa; the testicle became very much enlarged, but occasioned no trouble, excepting that which arose from its bulk. About a year afterwards a gland enlarged in the left groin, and in two years there were several enlarged in each groin; I think four. These continued to enlarge very much, and if I say that they were as large as good turnips, I shall not exceed the mark; I do not mean to say that they were as large as some turnips which I have heard of, as being a yard in circumference, but I say that they were as large as ordinary sized turnips. (A laugh.) One of these grew faster than the rest, distended the skin, and burst. The exposed tumour inflamed and sloughed till it came entirely away. The sloughing exposed its vessels; they gave way, and a profuse hæmorrhage followed. Now, in hæmorrhage arising from a surface like this, it would be of no use to be picking out little vessels with a forceps or tenaculum, for if you were to put a ligature on such, it would cut through the vessel, and the hæmorrhage would return; but you should take a bit of lint, fold it into a little compress, put it upon the surface, and make pressure on it with your finger. The blood cannot flow then; the lint adheres in a short time to the bleeding surface, and when you begin to feel it sticking, you may take away your finger very carefully. If hæmorrhage should return, the same method must be adopted. The sloughing of this gland relieved the distended skin; granulations shot out, and the part cicatrized. A similar occurrence happened in the right groin, and again in the others, when the patient, worn out by irritation and exhaustion, died.

Now the ulceration of the skin arising from distension merely, and the subsequent healing of the ulcer, show that it is *different from cancer*, which communicates diseased action to the surrounding parts. Neither has it the hardness nor the disposition to ulcerate, which distinguish cancer. This disease is readily propagated in the course of the absorbents, and their glands readily assume this diseased action. This was shown in the dissection of the case I have just recited; the glands in the pelvis were enormously swollen; the glands in the loins were also enlarged, as were those even in the chest.

This disease sometimes extends itself by the absorbents, even in a direction retrograde to the course of the absorbed fluids; and I think it must do this by imparting an irritation to the vessels, as well as by furnishing a matter; it may, by being absorbed, communicate disease to the glands in the direct course of absorption; but the absorbents below may also become diseased. The following case will show this:—A boy was brought to this hospital with a tumour on the front of his thigh; it had been growing several months, till it reached the size of an orange. The glands in the groin swelled; the limb became œdematous; the boy's health declined, and he died. It was found on dissection, that the glands within the pelvis were very much enlarged, as were also the glands in the ham; they appeared to be of the same kind of structure as the original tumour.

There are two kinds of pulpy material found in these tumours; one is whitish, of a milky, or more dusky hue; the other of a reddish colour, or rather of a brownish red. We have specimens of each kind in the Museum.

Of the Tuberculated Sarcoma.

This species of sarcoma is principally made up of a collection of small, fine, roundish tumours, of different colours, connected together by cellular substance. These tubercles vary in size from a pea to a horse-bean, of a brownish red, or of a yellow tint. I have most frequently observed these tumours in the lymphatic glands, particularly of the neck. I attended a gentleman who had a cluster of these

tubercles in his arm-pit; it was about the size of an egg, and its surface was irregular; this led me to examine other parts of his body, and I found that the glands above the collar-bone, in the side of the neck, were also enlarged; and on further inquiry, I found that he had another tubercle in his groin. I was consulted in this case to give my opinion about sending the patient to the sea side. I met the physician who had been attending him, and I said that I really did not think the patient could live many weeks; that it would be of no use to remove the tumour, for if I did it would appear again; and that I did not see of what use it would be to a man to send him to the sea side after that; it would be only removing him from his friends, and perhaps many conveniences which he might procure at home. I saw him again at the end of a fortnight, and these tubercles had multiplied over the skin both in front and on the back part of his body; they were hard and painful, and I think I shall never forget what he said to me: "I am lying, Sir, upon hobnails, and every one of them is sensitive." The disease increased; the skin peeled off in sloughs from the surface of the glands in the axilla, and in about five weeks from the time I saw him he died.

Of the Carcinomatous Sarcoma.

This kind of tumour, on account of its peculiar hardness, is called *scirrhus*, while it remains free from ulceration. After such a tumour has ulcerated, it has been called *cancer*. I shall continue to use the word carcinoma for the first stage, and ulcerated carcinoma for the second; and as this disease is not so peculiarly hard in every instance as to merit the term scirrhus, and however indurated it may be, it must be regarded as a fleshy tumour; I have termed it carcinomatous sarcoma. It sometimes acquires for itself a slight capsule, but more generally it appears to be a new formation. The *boundaries* of the disease *cannot be* clearly *ascertained*; it begins in a *small spot*, and extends in all directions like rays from a centre. It may be distinguished by this circumstance from *other diseases*, which at their commencement appear to involve the *whole of the part* in which they are found. It is generally *slow*, but unremitting in its progress; and it *excites* the *contiguous parts*, whatever may be their structure, to the *same diseased actions*. In the medullary sarcoma, the disease is propagated along the course of the absorbents, but it does not excite the diseased action in the surrounding parts. In the tuberculated species, the ulceration, as far as I have seen, does not spread along the skin, but destroys only that part which covers the diseased glands.

The circumstance of a disposition remaining in the surrounding parts to assume this diseased action, points out the propriety of removing a portion of those structures immediately surrounding the diseased part. Very much has been said and written on cancer, and you should read what has been written. It is impossible, in a lecture-room, to give you a detailed account of cancer. But I know no better definition of this disease than has been given by Dr. Baillie. He says, the diseased part is peculiarly hard, that there are intermixed firm whitish bands, which extend in all directions from the middle towards the circumference of a carcinomatous tumour, like rays from a centre. It was this appearance which, there is no doubt, obtained for it the name of cancer. These diseased parts, projecting out of the surrounding structures, should be carefully dissected out in an operation for the removal of a carcinomatous tumour. There is no remedy for it but the knife; to forbear to operate, is to consign the patient to misery.

The ulceration and self-destroying process of cancer is so horrible, that a patient gets rid of a quantity of disease upon easy terms, by having it removed by the knife. Oh! a cancerous sore is dreadful; its edges are thickened, and the surface secretes a thin irritating ichor; the sore opens like a flower, as Mr. Hunter used to say. This ichor is so irritable, that Dr. Crawford was led to make some experiments to ascertain its nature, and he said that it contained hydro-sulphuret of ammonia; he recommended chlorine as an application calculated to remove the factor of the discharge; carbonic acid gas has been used with

the same intention, and various metallic preparations. Narcotics were found to be the best applications, and they are also the only medicines which allay the sufferings of the patient. In my next Lecture I shall conclude the subject of tumours.

LECTURES

ON THE

PRINCIPLES AND PRACTICE OF PHYSIC,

BY DR. ARMSTRONG.

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LECTURE 6.

DR. ARMSTRONG briefly recapitulated the *phenomena* of *inflammation*, and the *pathological conditions* on which these phenomena depend, and then proceeded to the principal divisions, and to the immediate and remote effects of inflammation.

GENTLEMEN,

Inflammation is *acute*, *sub-acute*, and *chronic*. As in these Lectures I shall often use these terms, it is right that I should attach a definite meaning to each; and, indeed, it is my intention to explain, as I proceed, every such term as I may have occasion to adopt. If ever I forget to do so, I hope that you will demand an explanation, for if I have a definite idea, I can find a word to express it; but if I have not a definite idea, I will not attempt to conceal it, but at once acknowledge to you my ignorance on the subject in question. By *acute inflammation*, I mean the highest degree of inflammation, which arises suddenly, advances with rapidity, and terminates in a few days, if left to itself. By *sub-acute inflammation*, I mean a lower degree of inflammation than the acute, which arises less suddenly and severely, has a more protracted course, and, if left to itself, does not terminate in the first week, but runs on to the second or third week. When inflammation is acute or sub-acute, it is attended by fever, which is higher in the former, and there is less local disturbance in the latter. By the term *chronic inflammation*, I mean an inflammation which begins and goes on very slowly, and which is generally unattended by fever for a considerable time after its formation. When inflammation is acute or sub-acute, the system is attacked, as it were, by storm; an alarm is excited throughout the whole, or, to speak less figuratively, a considerable disturbance, called fever, is produced; but when inflammation is chronic, it begins and proceeds so very insidiously, that little or no general disturbance arises for some time.

I shall have occasion also to use the terms *active* inflammation, and *passive* inflammation. When inflammation is active, it is attended by a very high degree of fever, by a remarkably hot skin, and by either a full expanded pulse, or a smaller, but a hard contracted pulse, feeling like wire or whip-cord beneath the finger. But what I mean by passive inflammation, is that attended by a subdued or masked form of fever, in which the heat upon the surface is scarcely higher than natural, and in which the pulse is remarkably soft and compressible, the heart's action being really diminished in natural force, while the capillary vessels of some part remain engorged. We have an example of the active and passive inflammation in some cases of typhus fever, the active at the commencement, and the passive at the end. At the former period, the skin is in such cases intensely hot, and the pulse expanded, while some organ is acutely inflamed; this state continues for five or six days; then the heat begins to fall on the surface, the pulse becomes subdued, the muscular power prostrate, and the tongue glazed and brown. Now in what does this change consist? There is always a remarkable deficiency of force in the action of the heart, whatever may be its frequency. In active inflammation, the heart's action is increased; but in the passive it is diminished. This distinction between active and passive inflammation is of the greatest importance in the practice of physic. If you were to treat an active inflammation in the same manner as a passive one, you would be extremely un-

successful. If, on the other hand, you were to treat a passive inflammation as you would an active one, it would generally be attended by fatal effects. If, for example, you were to treat an inflammation of the lining membrane of the bronchia in the last stage, as you would an inflammation of the pleura in the first stage, the destruction of the patient would in all probability be the consequence of such rashness.

If I have explained myself with any degree of precision, you must have understood how *inflammation* immediately arises from common causes; it does so in *two* ways: 1. By the increased action of the heart operating on a weak organ, just whether that increased action arise from depression, stimulation, or irritation, when the latter only amounts to local simple excitement. Hence five or six different persons, exposed to the influence of the same agent, will have inflammation produced in five or six different organs, because these happened to be the weak parts, and, therefore, predisposed to the inflammation. 2. It arises from an irritant, which produces not a local simple excitement, but an actual inflammation, which may arise directly from an impression made upon the nerves by a foreign body, or it may arise indirectly, through some change in the momentum, quantity, or kind of blood acting on the nerves and capillary vessels.

Having premised these remarks, I proceed to investigate the *terminations*, or, rather, stages of inflammation; but, for the sake of simplicity, I shall call them the

Effects of Inflammation.

These effects have been called *local* and *constitutional*. The term *local* is very distinct, since it applies to a particular part of the body, and nothing more; but the term *constitutional* is remarkably obscure; it is one of our cant or convenient words, more calculated to conceal ignorance than to explain facts; it is a mere subterfuge; one of those many juggling expressions by which we deceive ourselves, and mislead others. A late notorious politician once held an argument with a young man, who, in the course of it, interrupted him rather abruptly by saying, "Sir, what you affirm is *contrary to law*." "Contrary to law!" exclaimed the other: "Young man, you should never say that a thing is contrary to law, because you may be called upon to point out that law particularly; but you must say, that it is *contrary to the fundamental principles of the British constitution*, and then you are perfectly safe, for nobody can ever understand exactly what you mean. (A good laugh.) If, therefore, any of you ever wish to put an end to an argument in which you may be getting into a scrape, you have only to say, that the affection is dependent upon constitutional disorder, or constitutional derangement, words which mean any thing or nothing, and which are admirably suited to the purposes of sophistry. But, to be serious, if the word *constitution*, in physic, mean any thing distinct, it means the whole body, and as the whole body is made up of particular parts, so we must look to those parts, solid or liquid, for an explanation of all morbid affections. Logically speaking, there is no such thing as constitutional disorder separate from local disorder or disease. We have, I say, no substantial reasons for supposing that any affection is constitutional, independent of a local disturbance somewhere; it is seated either in some part of the solids or liquids of the human body; and if we take the trouble to examine, we shall, as I before said, find it in some of these influencing the rest. This general use of a nondescript term, of a mere quibbling deceit, has been the cause of many deaths, by the indistinct pathology and dangerous practice to which it has led. If I find such momentous evils arising from the abuse of language, I shall fearlessly expose them. But I speak not against persons here, only against opinions and practices; and, meeting with terms fitted to support and perpetuate errors in both, I cannot pass them over without a decided censure.

The *effects* of *inflammation* are *immediate* and *remote*. The immediate effects are those which occur in or about the inflamed part. The remote effects are those which are produced in the distant parts, solid and fluid. This view of the remote and imme-

diate effects of inflammation involves two things, the consideration of the *external pathology* and of the *internal pathology*. In the investigation of both, if we are ever to have any precise notions, we must view them as organically connected, and entirely exclude such vague terms as constitutional disorder and constitutional derangement.

In reference to past times, London has produced three great men in the medical profession, HARVEY as a physiologist, SYDENHAM as a physician, and HUNTER as a surgeon. The last named individual threw considerable light on the subject of inflammation. He philosophically endeavoured to mark its different changes, to one of which he affixed the expressive term *adhesive*, to another *suppurative*, and so on; but as this method has not been generally followed by physicians, I shall take the liberty, for the sake of distinctness, of introducing some slight changes in the nomenclature of the effects of inflammation.

The *immediate* or *local effects* of inflammation are chiefly the following:

1. *Effusion*:

which admits of three subdivisions; the *simple*, the *adhesive*, and the *suppurative* effusion. The *simple effusion* is either an increase of the natural secretion of the part, or the transudation of blood. We see an example of this when the eye is inflamed; an increased effusion of tears takes place, and sometimes there is even an escape of blood between the conjunctiva and sclerotic. The same thing happens in the other parts of the body; in the mucous membrane of the air passages, and of the bowels in particular. But hæmorrhage, as CELSUS justly observes, may occur in three ways: 1. From a rupture of a vessel; 2. From an erosion of a vessel; 3. From transudation. In inflammation, the effusion of blood is generally by transudation; the blood escaping as if from the mouths of the vessels, as CELSUS has expressed it, "*per ora venarum*."

The *second* kind of effusion is the *adhesive effusion*. This is an effusion of a material which has been termed coagulable lymph, and, in chemical language, fibrin. What is effused appears like jelly, and is sometimes copiously poured forth from serous membranes internally. It serves for a bond of union between divided parts. But sometimes it unites the surfaces of natural structures together, as the pleura pulmonalis and the pleura costalis. This union of parts takes place in two ways; first, there is an effusion of lymph; in the next place, there is a streak of blood observed on that part of the effusion lying in contact with the natural surface: this streak of blood becomes a cylinder; it ramifies; the outer layer is formed of soft blood, the inner layer is composed of fibrin; it becomes permeable, and, circulating blood, the parts are finally knit together as one structure. This fact, the knowledge of adhesion being the principal bond of union, is extremely useful when applied to surgery. CELSUS distinctly speaks of it as a mode which nature adopts to prevent the after occurrence of hæmorrhage, and has distinctly pointed out the method of tying divided arteries; yet this fact was overlooked for many centuries, so that surgeons used the actual cautery, during and after operations, to prevent hæmorrhage, till the ligature was introduced by AMBROSE PARE, a French surgeon.

BENEDICTUS, TALIACOTIUS, the Indian Brahmins, DUHAMEL and HUNTER, have all shown that a part of the body may be lopped off and united again, by adhesive effusion, to the part from which it had been divided. I recollect a case in which a man had, by some accident, completely cut off the top of one of his fingers; it was brought to a surgeon, an acquaintance of mine, who cleaned the cut surfaces, and accurately replaced them; the parts united, and thus the finger was saved. It shows how careful we ought to be in forming our opinions; that we should not reason on any thing *a priori*, but entirely from facts. When a part is divided, and the edges having been brought together, they at once unite, the wound is said to be healed by the *first intention*, a term used by GALEN to distinguish this mode of union from that by granulation, which he called healing by the *second intention*.

The *third* kind of effusion is the *suppurative*. Suppuration is the se-

cretion of pus from the vessels of an inflamed part. It is a fluid like cream; and if you view it through a microscope you will discover that it contains minute globules. The suppurative effusion is more common in some structures than others, especially so in the cellular membrane; and, when it occurs in a deeply seated part, it frequently has a tendency to advance towards the surface of the body.

Sometimes we see examples in which the simple adhesive and suppurative effusions are taking place at once, as in the common boil. In other cases, we may see the effusion of mucus, lymph, and pus, successively taking place from the same membranes; as, for instance, when an individual is seized by an inflammatory affection of the air passages; he first expectorates a thin mucous fluid, next some shreds of coagulable lymph, and lastly pus. There is a study which might prove exceedingly useful, namely, the chemistry of the living body; by it we might be enabled to detect minute changes in the qualities of secreted fluids, and connect them with the structural conditions from which they apparently proceeded.

The *second* immediate effect of inflammation is

Ulceration.

Ulceration is a breach of the continuity of a part through absorption. All the arteries of the body may be said to be employed in furnishing supplies to different organs, and the superfluity is removed by the absorbents. We have many familiar examples of absorption in morbid affections. One may suffice for the purpose of illustration. A man receives a blow on the face, and that appearance is produced which is commonly called a black eye; the blood effused by the blow is gradually, and at last completely, taken away by the absorbents. You will most frequently find ulceration occurring in weak habits, and in those parts of the body which have a low degree of organization. Some parts, especially arteries, resist ulceration remarkably.

The *third* immediate effect of inflammation is

Granulation.

Granulation is a regeneration of a part of the body by an effusion and organization of lymph. It frequently happens that the substance which is reproduced resembles the natural structure of the part which has been injured, but this is not always the case. The restoration of injured parts by granulation is sometimes very extraordinary indeed. The CARDINAL DE RETZ mentions, in his Memoirs, that he saw a man in Spain who had two legs, but that you will say was nothing marvellous; yet in this particular case the two legs, or rather one of them, was most marvellous, for the Cardinal conversed with persons who affirmed that they knew the man previously when he had only one leg. How do you suppose that this large regeneration had taken place? Why, simply by anointing the stump with holy oil! (A laugh.) Now-a-days, however, some parts of the body are not to be regenerated even by holy oil, which has lost its efficacy since the time of the Cardinal. Muscle is not reproduced, neither is cartilage, as CELSUS has remarked. But a very learned empiric, travelling about the country, once met with a man who had a black spot on the end of his nose; he persuaded him to have it removed. It was removed accordingly, but a hole remained in its stead; his superior art not reproducing the destroyed cartilage, although he had before promised that he could make flesh grow like grass! (Another laugh.)

Granulation is merely the organization of the lymph which has been effused; and by this alternate effusion and organization the part becomes regenerated in points somewhat like grains, and hence the distinctive expression. The above is what takes place in regard to the vascular system, but the probability is, that the nerves are also regenerated from the high sensibility which the part renewed acquires. The secretion diminishes, the skin contracts like a purse, and granulation ends by cicatrization or the formation of something like skin, if not skin itself. In the surgical treatment of wounds, we imitate or assist this process of nature by using bandages, through which we cause granulating portions to contract, and at length heal.

The *fourth* immediate effect of inflammation is

Mortification; which is separable into two stages; the stage of *gangrene*, and the stage of *sphacelus*. Gangrene is a threatened or forming mortification; it is an inflammation at the highest point in which the heat, circulation, and sensibility of the part remain; the skin is slightly purplish, and there are vesicles filled with a bloody fluid or with serum; yet, I repeat, the heat, sensibility, and circulation remain; and these remaining, it is perfectly separable from *sphacelus*, which is the *complete death* of the inflamed part. Gangrene, however, is not necessarily followed by the death of the part; the inflammation may become less, and terminate in effusion of adhesive matter, or by ulceration. It is by ulceration that a slough, a dead part, is separated from the living body. Frequently there is not much additional disturbance produced at the time the slough is forming; but when the slough is about to separate, the demands made upon the powers of life appear to be so great, that a hard struggle ensues for life. A patient, for example, is worn out by a long fever; he lies in bed on his back; the part on which the pressure is most made becomes discoloured, then black, and at last completely dead; the separation of the dead part by ulceration is accompanied sometimes by excessive disturbance; but if he survive, the part is afterwards filled up by healthy granulation.

Sphacelus, on the contrary, is the complete death of a part. It is livid; the heat, circulation, and sensibility are extinct; the cuticle separates; and there is the most offensive smell. The blood coagulates in the vessels of a sphacelated part, and, on examining them after death, you find lymph effused on their sides; sometimes in the smaller vessels only, at other times in the larger vessels. But even before complete sphacelus occurs, the blood undergoes a change in its constitution, the red particles having a flocculent appearance.

Some parts are more disposed to resist mortification than others, as the internal organs, the heart, lungs, intestines. It is a very common thing for persons to say that a man died of mortification of his bowels, but that state rarely occurs there, the patient generally dying before the inflammation has reached that point. These are the principal immediate effects of inflammation; but other local effects might be adduced, such as thickening or contracting of some parts, and hardness or softness of others.

If the œsophagus or urethra, the pylorus or rectum, be inflamed, thickening, and consequent contraction, of their calibre occur, commonly called strictures. When inflammation attacks the substance of the lungs, they often become hard, or what is technically called hepatized, from an effusion of adhesive matter into their cellular connecting membrane; whereas, if inflammation attack the substance of the brain, it thereby often becomes remarkably softened, and, in like manner, the mucous membrane of the intestinal canal is often rendered pulpy by the same cause.

The next changes are what I denominate the

Remote Effects of Inflammation.

These are mainly to be sought for and will be found—1st. in the nervous system; 2d. in the sanguiferous system; and 3d. in the changes resulting from the combined disturbance of these two systems.

It is a very curious fact, that when a very small part of the body sustains a certain accumulation of blood in the capillary vessels, that accumulation, being continued, produces not only a change in the nerves of the part, but subsequently in the whole nervous system; which influencing the heart's action, the sanguiferous system becomes likewise disturbed. Thus, by an originally small and apparently slight disorder, first the whole nervous system, and secondly, the sanguiferous is brought into consent, and this fact we express by the term *sympathy*: the nervous system, like an electric chain of communication, connecting one part of the body with another. Next, then, a change supervenes in the distribution of the blood, and the secretions of different organs are palpably affected; the tongue is furred, the stools unnatural, and the urine turbid. The blood itself, in many cases, becomes altered, exhibiting, on abstraction, after it has coagulated, the

buffy coat, an appearance connected with the degree of the animal heat, and therefore it is present in some inflammations and absent in others. But how are these two systems connected internally? They are not only connected with each other throughout the body, but more intimately so in all the noble organs, if I may be allowed to use such an expression. It is to the condition of these organs that we must look for the fatal effects produced in the progress of external inflammation.

During the course of all external inflammations which disturb the heart's action, we should look to the internal pathology, to the state of the internal organs, which we shall find in one of two conditions; we shall find them either in the state of simple excitement, or the state of inflammation, terms which I have before explained. If the inflammation be external only, the blood circulates more rapidly through the whole body; and if no internal organ be pre-disposed to inflammation, the state of the internal organs is merely that of simple excitement. This is a point of great practical importance, in a surgical view, and one which ought to be well understood. But if a patient die after an operation, and survive the first shock, the cause of death will generally be found to be an inflammation of the internal organs, which arises during the progress of the subsequent fever. Surgeons, therefore, should pay the most minute attention to the state of these organs, and not confine it merely to the condition of the external parts. Indeed those individuals who do not know how to investigate and treat internal affections rightly, can have no claim to be considered scientific surgeons. If any man be ignorant of the principles and practice of physic, he is, for the most part, quite incompetent to decide upon the propriety of many operations; first, because he does not know how far the preventive efficacy of physic alone extends; secondly, because he cannot estimate either the condition of the internal organs, or the probable influence of an operation upon them; and thirdly, because when he does operate, he cannot properly conduct the after treatment, if any internal disorder should arise in the weak parts. It is all very well if the internal organs merely sustain a simple excitement, but let any one become inflamed, and especially the mucous membranes, and ten to one but he remains in ignorance of the existence of such inflammation. Pure surgery, therefore—surgery abstracted from physic—is a vampire, whose daily food is human blood. But in despite of the defective plans of surgical education, there are many accomplished surgeons, particularly in this metropolis. I would strongly recommend you to read the first Lecture of one, who resides in Edinburgh, Dr. JOHN THOMPSON, on the connexion between Physic and Surgery; it contains more useful matter, in a small compass, than any thing which I had before seen on the subject. GIBBON has observed, that there are two modes of education, one which we receive from others, and another which we communicate to ourselves. There have been, and are, men who have broken through the trammels of scholastic and collegiate authority; who have struck out a new path for themselves; and I advise you also, in all cases, to exercise your own judgments, and step beyond that superficial system of education which is sanctioned by some colleges of surgeons, where examinations are held almost entirely without a reference to physic, as if the external parts had no connexion with the internal parts of the body.

But, again to pursue the original subject, the remote effects of inflammation are, first, to be found in the nervous system; secondly, in the sanguiferous; and thirdly, in the combined effects arising from the disturbance of both systems. As an example of the last, I might adduce the prostration of muscular power. The respiration is at last much impeded, partly, no doubt, through the eighth pair of nerves; but the respiration becomes weakened in part too through the prostration of the whole muscular system. The parietes of the chest are not raised high enough; the diaphragm does not contract fully; the lungs, in a word, do not receive a sufficiency of vital air; the heart's action flags; the blood is accumulated on its right side, and not duly decarbonized,

the veins returning the blood from the brain, as well as other parts of the body, become finally congested; and thus, between the lungs, brain, heart, and blood, death takes place, rather from the remote than the immediate effects of inflammation.

Having said thus much upon inflammation, possibly you might expect me to give a general Lecture on its *treatment*; but such a method of proceeding I hold to be absurd and hazardous, because in practice we have not to deal with general disorders, but with particular facts, which, varying, require a correspondent change of treatment.

It is commonly said, that bleeding, blistering, purging, and a spare diet, are to be employed for the removal of inflammation; but the treatment fitted to one case of inflammation is different from that fitted to another. There are, in truth, various circumstances which modify the treatment; the *structures* attacked; the *degree* of inflammation; its duration also; the *remote causes*, common and peculiar; the *age*, *sex*, and *habits* of the parties, all demand a deliberate consideration. For these, and other reasons which might be added, I shall, in my next Lecture, commence the illustration of particular inflammations, with the appropriate treatment of each.

REVIEW.

Traité des MALADIES *du* CŒUR *et des* GROS VAISSEUX, *par* R. J. BERTIN, *Professeur à la Faculté de Paris, &c. Redige par* J. BOUILLAUD, *Docteur en Médecine de la Faculté de Paris, &c. avec six planches. Paris*, 1824.

Treatise on DISEASES *of the* HEART *and the* LARGE VESSELS, *by* R. J. BERTIN, *Professor to the Faculté of Paris, &c. Edited by* J. BOUILLAUD, *Doctor in Medicine, &c. with six plates. Paris*, 1824.

As long ago as the year 1811, the volume before us first made its appearance, and notwithstanding the celebrated works of MORGAGNI, LANCISI, SENAC, and CORVISART, on the diseases of the heart, M. BERTIN's work contained some discoveries in the pathology of these affections that had entirely escaped the observation of those who preceded him. The copy before us is an edition just published, and is edited by the friend and pupil of the author, M. BOUILLAUD. The points in which BERTIN's book differed from those of his predecessors on the same subject, related principally to the diseases affecting the muscular substance of the heart. CORVISART, who had written on the diseases of the heart, a short time only before the appearance of M. BERTIN's work, adopted a classification, respecting the particular affection to which we have alluded, founded on the generally received, though erroneous opinion, that a dilatation of the cavities of the heart always co-existed with an augmentation of its size. In 1811, our author read a paper before the INSTITUTE of France, in which he demonstrated, by numerous facts, that dilatation does not always accompany thickening of the parietes of the heart, that this thickening may take place, and the cavity preserve its natural size; and that even hypertrophia may co-exist with a diminution of one or more of the cavities. HYPERTROPHIA is the modern term, which corresponds to that of ANEURISM of the heart, made use of by CORVISART. We will state in CORVISART's own words the sense in which he uses this term, and then our readers will be able better to understand its misapplication.

"*Of Aneurisms of the Heart in general.*

"I wish to make a few prefatory remarks before I enter materially on the disease in question. In every case of aneurism of the heart, I state that that organ is increased in volume; I shall also have occasion to say, that in such and such a case, it had acquired double its natural size, &c. Every reader will readily see, that this calculation must always be merely approximative. We well know that its size varies according to age, sex, temperament, manner of living, &c., but we want, and ever shall want, a perfectly exact standard by which to ascertain the weight, the volume of a dilated heart thickened in its parietes. This, then, is a mode not strictly correct; but every practitioner, in adopting it, is aware of its want of exactness, as well as of the difficulty of obtaining a better.

"In medical language the word *Aneurism* is used to express a dilatation of the heart, or of an artery. Thus, to avoid mistake in the meaning which may be affixed to this term, I always use it as a word expressive of an unnatural dilatation, either active or passive, of one or more of the cavities of the heart. When I shall have explained the difference between these various aneurisms, the propriety of not attaching any other meaning to the word than the one I have given will be better understood. *Once for all, then, I shall use the words Aneurism and Dilatation in a sense perfectly synonymous.*

"We must admit two kinds of dilatation of the heart, the one *active*, the other *passive*. The real existence of these two species is proved to the physician, by the different and proper symptoms of each; to the anatomist, by the uniform and frequent observation of the two very distinct states, in which the heart is found when it has been the seat of disease.

"In the first species (*active dilatation*) the heart is dilated, its parietes are thickened, and the force of its action is increased.

"In the second (*passive dilatation*) there is evidently also dilatation, but with diminished thickness of the parietes, and a diminution in the force of the action of the organ." CORVISART *on the Heart.* HUBB'S *Translation*, p. 57.

From the observations of BERTIN it will be seen that the term *active aneurism*, whilst it indicates increase of nutrition, *hypertrophia* of the heart, is incorrect, since it carries with it the idea of dilatation; and as hypertrophy may exist, not only without dilatation, but even with a diminution of the cavities of the heart. BERTIN, therefore, renounces CORVISART'S division, and classes all the cases of hypertrophia under three forms. 1. When the parietes of one or more of the cavities are thickened, without an increase or diminution of their size, he calls it *Hypertrophia Simple.*— 2d. When the parietes are thickened and cavities enlarged, *Hypertrophia Excentrique.* 3d. In cases where the cavities are contracted, at the same time as the parietes are thickened, it is named *Hypertrophia Concentrique.* The manner in which the cavities of the heart are affected with this disease is very various; both ventricles are sometimes affected at the same time, and sometimes one only. The auricles are also subject to the three forms of hypertrophia, but most commonly to the second form; in fact, it occasionally happens that the whole heart is attacked with this complaint, and in these cases the size which it attains is enormous. The symptoms which hypertrophy of the various cavities exhibits vary according to the cavity or cavities affected, which makes the study of this complaint somewhat difficult, indeed we believe that the diseases of no organ require more time and attention to be tho-

roughly studied than those of the heart. There are, however, some symptoms belonging to all forms of hypertrophia in common, and which, we think, cannot be better classed than according to the senses through which they are communicated.

1. *Signs furnished by the sight.* The movements of the heart are visible in a greater or less extent of the chest, according to the size of the hypertrophia. The chest is sometimes agitated by these, even as far as the left clavicle, the epigastric region is shaken, and the clothes or covering of the patient raised by them.

2. *Signs furnished by the feel, whether immediate or mediate.* If the hand be applied on the præcordia, it is struck, and, to use the expression, forcibly repulsed by strong, hard, and extensive pulsations, which are sometimes slow and superficial, at others more deep and rapid. It feels, in certain cases, as if the heart struck the hand with its whole mass, in others with the point only. By the touch the movement of the chest, to a very considerable extent, and even to its posterior part, may be recognized.

3. *Signs furnished by the hearing.* These may be distinguished into those furnished by percussion, and those by auscultation, either immediately on the naked ear, or mediately through the stethoscope.

If percussion be performed in the cardiac region, it gives an obscure or dull sound to an extent proportioned to that of the hypertrophy; and as for the sounds communicated by the stethoscope, we gave a full account of them in a late Number. Vide LANCET, No. 4. of this volume, p. 158.

Before we proceed to give an account of the symptoms which mark hypertrophia of any particular cavity, we shall make a few observations on the state of the circulation, respiration, and nervous power in this disease. With respect to the circulation, we have already said that the palpitations of the heart in hypertrophia are, at intervals, violent and prolonged. The pulse also presents several modifications, according to the form, degree, and complications of the hypertrophia. In hypertrophia, only, the pulse is in general regular, harder, and softer, than in the natural state. In simple hypertrophia, without dilatation, or if there be any, not sufficient to have weakened the muscular fibres, the pulse is slow, tense, hard, and vibrates under the fingers. In hypertrophia, with contraction of the cavity, the pulse preserves its hardness, but it is what may be designated a labouring pulse. It is scarcely necessary to say that the state of the pulse is only of assistance in ascertaining the state of the left ventricle, and of no use in the diagnosis of that of the right. In general, the respiration is very little disturbed in hypertrophia, when the heart is of a moderate size; but when this organ becomes much enlarged, it is considerably impeded. With respect to the nervous power, in the commencement of this complaint, it is not in the slightest degree affected; but as soon as the respiration becomes affected, it is very much depressed. We will now give the distinctive signs of

hypertrophia of each of the cavities of the heart.

Signs of Hypertrophy of the Left Ventricle.

The pulsations of which we have spoken a little higher up are particularly distinct through the stethoscope, in the region of the cartilages of the fifth and sixth ribs. Here they are most intense; in the other parts of the left side they are more weak, but still stronger than on the right side. To this symptom must be added those furnished by the general circulation—the patients have the colour of the countenance changed to a red or vermilion; the eyes bright; the pulse strong, full, hard, vibrating, and large; at least, if the cavity be not contracted, they are subject to hæmorrhages; epistaxis, in particular; to stupor, and other symptoms of cerebral congestion, of which they frequently die.

Symptoms of Hypertrophia of the Right Ventricle.

The contractions with the characters stated above, instead of being felt in the space between the fifth and sixth, are much more marked in the inferior part of the sternum, and, in general, more distinct in the right than in the left side of the chest. Frequently, expectoration of bloody matter.

Having given the symptoms of each of the forms of hypertrophy, when they attack the left ventricle or the right, it will not be difficult to recognise combinations of these different forms, when they occur in any individual. For instance, let a patient be affected at the same time with simple hypertrophia of the right ventricle, and with simple hypertrophia, or even a certain degree of contraction, of the left; in this case, the first will be recognized by the strong, distinct, and sonorous pulsations which are to be heard on the inferior part of the sternum; and the second by contractions equally strong, but dull and concentrated, which are to be ascertained in the space between the cartilages of the fifth and sixth ribs.

As for hypertrophia of the auricles, it will be distinguished by a stifled sound which accompanies their contractions. As, moreover, this lesion is nearly always consequent on a lesion of the valves, an impediment of the circulation, it will be quite sufficient in announcing this to have discovered the existence of this impediment. The hypertrophia, besides, is of little importance to discover, and much less dangerous by itself than the cause which has produced it.

In concluding what belongs to the symptoms of hypertrophia of the heart, we wish particularly to state, that *auscultation mediate* is in general preferable to *auscultation immediate*, in exploring this disease. In the disease of the heart, in general, the stethoscope will be found of the greatest service; but to arrive at certainty in the diagnosis of these diseases requires greater attention and study than of those of the chest. Having stated generally and particularly the symptoms of hypertrophia, which we have taken in part from the work before us, but many of which we have had frequent opportunities of observing ourselves, we shall now proceed to give some of the author's cases, to il-

lustrate the different forms of hypertrophia, in the different cavities of the heart.

CASE.

Simple Hypertrophia of the left ventricle,—Apoplexy.

MADELINE RIQUET, æt. 65, of a strong constitution, but worn down by poverty, was admitted on the 11th of March into the *Hôpital Cochin*. She had slight diarrhœa and colic, but was very much subject to frequent pains in the head, vertigo, and stupor. The pulse was strong and remarkably vibrating; the pulsations of the heart were very strong, but not to be felt to a very great distance. The patient, however, did not complain of having had any palpitations before her entry into the hospital. Blood-letting, both local and general, was ordered.

The patient began to recover under this treatment, when one day she was suddenly seized with an attack of apoplexy and died.

Inspectio cadaveris.—The lungs were healthy; the heart was rather large; the parietes of the left ventricle were an inch thick throughout, except towards the point of the heart; its cavity was in the natural state, the carnæ columnæ were very large. The right side of the heart presented nothing particular, nor did the left auricle, the valves, or the large vessels. All the vessels of the brain were gorged with blood. We observed some coagula in the line which separates the tuber annulare from the medulla oblongata: these clots or coagula extended from both sides into the fourth ventricle, which they filled, and penetrated even into the substance of the cerebellum. The other ventricles were full of a bloody serum.

The abdominal viscera presented nothing remarkable.—p. 295.

CASE.

Simple Hypertrophia of the right ventricle,—Simple dilatation of the left ventricle.

HUBERT, æt. 64, had experienced, from the age of forty-five, when her menses stopped, palpitations, sense of suffocation, and great anxiety. These symptoms were relieved for a time by the application of leeches. On her admission into the hospital, the patient was very weak, the pulse scarcely perceptible, whilst the pulsations of the heart were strong and quick, and might be felt or even seen in a great extent of the chest; the skin was pale and livid, the countenance fallen, the patient complained of a general coldness, and the extremities were swollen. The patient was quite unable to remain in the horizontal position. Percussion of the chest gave a dull sound. The respiration became more and more impeded, and interrupted by frequent sighs; on the slightest exercise a sense of suffocation came on. In four days after her admission the patient died, without having had any fresh symptom which could lead to an explanation of the cause of her sudden death.

Inspectio cadaveris.—The respiratory organs were in the natural state. The pericardium was large, and distended by a pint of a limpid serum. The heart was of a good size, and presented nothing remarkable but a dilatation of the left auricle, without its parietes being at all changed, and a thickening of the parietes of the right ventricle, sufficiently large to render them equal to those of the left ventricle, without any alteration in the size of the cavity. The hypertrophia was rather equal and uniform in the whole of the parietes of this ventricle. The left ventricle was more thin and soft than in the natural state. The valves of the heart and the large vessels were healthy.—p. 317.

CASE.

Pulsations of the heart very similar to the blows of a hammer,—paralysis of the left side with stiffness of the left arm,—hypertrophia with slight dilatation of the left ventricle,—arachnitis,—softening of the right hemisphere of the brain.

JEANNE BOSSUET, æt. 76, servant, of a tall stature, thin, pale, and nervous, was brought to the Hôpital Cochin, on the 12th of June, 1822. The persons who brought her could give no other information respecting her, than that she had suddenly lost all recollection about a fortnight ago; that the intellectual faculties returned in part, but paralysis of the left side

had remained ever since. The following are the symptoms which the patient presented on her admission. Head inclined to the right side, mouth turned in the same direction; pupils fixed, countenance expressing a sort of stupid gaze; paralysis of the left extremities; cries, agitation, disposition to talk, low delirium. In all the arteries, but especially the carotids, there is a strong pulsation, and the pulse is rather quick. The pulsations of the heart raise the clothes of the patient; they are strong, distinct, and quickly heave off the hand when applied to the præcordia. With the stethoscope they nearly resemble blows with a hammer, and give a rather clear sound.

Diagnosis. Hypertrophia of the heart, cerebral inflammation. Such severe maladies, joined to the very advanced age of the subject, left no hope of amelioration, and in five days the patient died.

Inspectio cadaveris, thirty hours after death.—Both lungs crepitate freely, adhesions of the right. The pericardium is injected, and the heart very large. The right ventricle surrounded with a great quantity of fat, with this exception, in the natural state. It was empty, as well as the corresponding auricle, whose carneæ columnæ are very strong. The left ventricle affected with hypertrophy. Its parietes, at the base, are about eleven lines in thickness, the partition between the ventricles seven. The parietes of the left auricle thickened. The tissue of the ventricles red and firm. The coronary arteries formed a kind of relief on the surface of the heart, their parietes hard and ossified in all their extent. Yellow points in all the valves of the heart, the semilunar valves, in particular, covered with osseous or calcareous deposits. The origin of the aorta dilated, through its whole extent; unequal on the internal surface, lined with yellow earthy flaques, like the shell of an egg.

There was a great quantity of serum in the base of the cranium, and the ventricles; softening of the posterior lobe of the right hemisphere, and inflammation of the arachnoid.—p. 300.

We have not space for any more cases, but must speak of the general result of these cases, and the treatment which they require. Hypertrophia, in itself, is rarely dangerous, and perhaps never mortal; but its influence on the several organs, particularly on the brain and lungs, are of a very severe, and frequently fatal kind. The influence which the left ventricle has on the circulation of the brain, is at present well known to all, and therefore it is not at all surprising that hypertrophia of this cavity should predispose to affections of this organ. In most cases of hypertrophia of the left ventricle, the patient is carried off by an attack of apoplexy, and it is a singular fact, that those illustrious physicians, MALPIGHI, CABANIS, and RAMAZZINI, who died of apoplexy, had hypertrophia of the left ventricle. In hypertrophia of the right ventricle, the lungs suffer—just as the brain, when the left is affected with this complaint. The course which this complaint takes varies very much, according to the causes which produce it, the state of the patient, the means which are taken to remove them, &c.

The causes which produce this complaint may be divided into *predisposing* and *exciting*. The first include the predisposition of the patient; for individuals of a plethoric sanguineous temperament are very much predisposed to this disease. All affections of the respiratory organs, whether acute or chronic; pneumonia, tubercles, hydrothorax; all those, indeed, which are capable of opposing an impediment to the intermediate circulation between that of the right and left cavities; indurations of the valves of the aorta,

and all the complaints which diminish the capacity of the chest also predispose to it. The *predisposing causes* may, then, be properly divided into *hereditary*, and those which are *not hereditary*.

The *exciting causes* may be divided into *moral* and *physical*. The influence of the passions on the heart and circulation is very powerful; and there are few who have not felt, in their own persons, the effects of hope and fear in the action of the heart. The extremes of hope and fear not unfrequently cause sudden death; and, although in these cases the seat of mischief is generally found in the brain, it is more than probable that the cause of the mischief, in many cases, originated in the heart, either from a momentary derangement of its function, or organic disease in the organ. The facts on this subject, however, are not sufficiently numerous to enable us to speak with certainty. The physical causes consist of all violent exercises and efforts, thereby increasing to an unnatural degree the action of the heart. These are the causes which have an immediate or direct influence on the heart, but there are others which have a mediate or indirect influence, as through the stomach or other parts of the body; and, on this account, the patient should take great care to avoid every kind of food which deranges the stomach, or those causes which he knows will disorder his health. Persons with deformed chests or spines, and women at the time of the suppression of the menses, are predisposed to affections of the heart, and therefore should be particular in avoiding those causes which are likely to produce them.

We have dwelt at length on the causes of this complaint, because, if these are distinctly stated and understood, all persons endowed with common sense and a little self-denial, who are predisposed to affections of the heart, may prolong, to a considerable extent, their own existence, and save themselves from a premature grave. Let those who think that it is wrong for the public to possess information on professional subjects, reflect for an instant, on the mass of human misery that might be prevented, if medical knowledge were more generally diffused. A writer in the Westminster Review (No. III.) has stated in a very able article on the "Use of the Dead to the Living," * some of the advantages which would result from the diffusion of medical knowledge among the people, but has overlooked the one that we have just mentioned. The treatment found most successful in hypertrophia, where it is unconnected with any other disease, is blood-letting. We will give M. Bertin's observation on the treatment of this disease, and conclude with a few remarks on the modifications with which it must be adopted.

Treatment of Hypertrophia of the Heart.

It is evident that where hypertrophia is merely an effect of some other disease, all our therapeutic measures

* This article has been just reprinted in the form of a pamphlet (1s.), under the title of "Body Snatching," and we recommend it to the attentive perusal, not only of all professional men, but of all those who take any interest in the advancement of science generally.

must be directed towards the cause on which it depends. It is equally clear, that, in every case, we must begin by removing all known causes of this complaint. As for the agents that should be employed against hypertrophia itself, they ought almost exclusively to consist of an antiphlogistic kind. Have we not proved, indeed, that hypertrophia of the heart necessarily communicates to the sanguineous system a very strong impetus, and frequently terminates by active hæmorrhages? Consequently, the sedative mode of treatment, and the employment of leeches, naturally present themselves as the only means really fit to oppose this disease; we have stated our views so often throughout the work, that we will merely add that it should be carried to greater lengths than has been done by VALSALVA and ALBERTINI. It has been shown by several cases, that hypertrophia has been cured by it when in the first or second stage.—p. 366.

We firmly believe that the antiphlogistic plan will be found the only successful treatment in hypertrophia; but we have not found it answer when carried to extremes, as is so frequently done. Moderate and frequent blood-lettings appear to relieve better than when a large quantity is taken at a time; and, in general, a very low diet does not agree with patients as well as one which is slightly nutritious, but not at all stimulating. We have seen both these plans of treatment adopted in cases which presented no difference that we could detect in any respect, and have arrived at the conclusion we have mentioned, from the different effects which were produced. The use of the digitalis and colchicum will be found valuable assistants. In no complaint, scarcely, is the power of self-denial of so much importance as in this; for if the patient has been well off in the world, he will be required to relinquish several of the comforts of life to which he has been accustomed, and without which abstinence all treatment will be unavailing.

The work before us treats of most of the diseases of the heart, but we have confined ourselves to one only, for the good old reason, that one thing done well is worth twenty done badly. We are far, however, from wishing to say that the article is a complete treatise on hypertrophia, but it contains a summary view of most of the circumstances connected with this complaint. We regret that we have not illustrated our observations by more cases, space would not permit, and we must, therefore, refer our readers to Dr. FORBES's work, which we so lately reviewed, to CORVISART's and LAENNEC's, or to the work before us, the merit of which principally consists in the numerous valuable cases which it contains.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

REVUE MEDICALE—SEPTEMBER.

The principal articles in this Number are, an account of an amputation at the hip joint by Professor DELPECH, and some observations on a few fatal cases of dyspnœa, without any organic change, by M. ANDRAL, jun.

Amputation at the Hip Joint successfully performed by Professor DELPECH, *at the Hotel Dieu—Saint Elois.*

The subject of the following operation was admitted into our hospital

on the 20th August, 1823. He was thirty-four years of age, of a middle stature, and originally a strong constitution, but was very much reduced from his complaint, which he had been labouring under for nineteen years. This consisted of the formation of a vast number of abscesses at the upper and outer part of the right thigh, which had become fistulous, and affected the bone very high up, as was ascertained by the introduction of a probe, and the nature of the discharge, which was very copious. After having been in the hospital twelve months, during which time every means was tried, but in vain, we were obliged to determine on performing an operation, or allowing the patient to sink under his complaint. The removal of the diseased limb was decided upon, and the next step to be considered was the mode in which it should be done. Amputation in the length of the limb was out of the question, for the mischief evidently extended as high up as the lesser trochanter, and the removal of the bone at the joint was the only course left.

The soft parts, as far as the pelvis, were swollen and amazingly hardened by the effects of so long a continuance of inflammation; and from this circumstance it was supposed that the vessels had acquired a considerable size, on account of which we judged it the safest plan to put a ligature on the femoral artery before commencing the operation.

Operation.

On the 21st of June, 1824, the operation was performed in the following manner:—the patient being firmly placed on his back, in the extended position, upon a hard bed, we then made an incision on the crural arch, an inch and a half in length, for the purpose of laying bare the artery. We immediately perceived that the unnatural consistence of the soft parts would occasion us considerable difficulties. In order to avoid them, and the putting the patient to a painful attempt, we enlarged the incision an inch towards the upper part, and exposed the abdominal aponeurosis. By separating it from above, downwards, from its cellular tissue, by means of the fingers only, we found the femoral vessels, and a ligature was put round the artery. This part of the operation occupied but a few instants. The patient was now brought to the end of the bed, so that the lower extremities might be completely separated from each other, and be kept in that position. After carefully feeling the inside of the thigh, to ascertain if the enlargement of the upper and internal part of the bone would occasion any embarrassment, we first made, in order to avoid any irregularity in the operation, with one stroke of the knife, an oblique incision on the anterior and internal part of the thigh, to serve as a guide in the formation of the flap, determined to form the flap, if it were possible, entirely in this manner, but by a more expeditious mode. We plunged the blade of a large knife, cutting on one edge only, into the region of the groin, to the outside of the parts at which the femoral artery was hid, and we carried the instrument outwards, and then downwards, to the tuberosity of the ischium, passing as near as possible to the neck of the thigh bone, above the lesser trochanter. A slight deviation of the knife inwards enabled us to avoid this eminence, and pass with more ease than we had expected the length of the internal part of the bone. We now reached the internal incision, which was to serve as a guide, and which assisted us in forming a conical flap, eight inches in length, and including the whole mass of the soft parts of the inside of the thigh. There was very little blood lost during and after this step of the operation. The flap being raised by an assistant, we discovered the neck of the thigh bone and the trochanter minor exposed; and the thigh being abducted, the head of the bone formed a projection in the capsular ligament, which was very apparent at the middle of the base of the flap. With one cut of the scalpel we divided, by describing the segment of a circle on the head of the bone, and pressing on it strongly, all the internal part of the capsule, and a few fibres which covered it. A kind of noise, easily recognised, announced the luxation of the joint, which was completely effected on cutting the round ligament. With the large knife

we then made a horizontal division of all the soft parts which remained on the outside. The skin only was first divided by a curved incision, just so as to preserve a little of it; all the rest was cut to the level of the great trochanter, in proceeding from the outer to the inner part, and finishing by the capsule of the joint. In this part of the operation, which was very rapidly performed, we cut into a large abscess which had detached the skin to a great extent towards the pelvis. On the internal surface of the flap we remarked some tubercles which the knife had divided, and whose substance presented a very strange colour, of a dirty green.

The wound which we had just made was of a prodigious size, but very regular, on account of the consolidation of the soft parts from the effects of inflammation, and which were of an extraordinary consistence. These circumstances rendered the application of the ligatures rather difficult, as the vessels could be scarcely drawn from the points at which they were bleeding. We might congratulate ourselves then, on having taken the fortunate precaution of tying, before hand, the femoral artery. This vessel, and the arteria profunda were cut obliquely, towards the middle of the flap; they both poured out a moderate quantity of blood, which they still received, no doubt, by their anastomoses, for the ligature on the femoral artery was very secure. We were obliged to tie them both, in order completely to suppress the bleeding; and we plainly saw that had these vessels furnished a quantity of blood in proportion to their calibre, the patient would have incurred considerable risk. We tied with less difficulty the obturator and ischiatic arteries, and two branches belonging to the profunda, and which answered behind to the base of the flap; there the cellular tissue was more soft than in the rest of the wound.

Notwithstanding the alteration which the long continuance of the inflammation had made in all the soft parts which we had divided, we endeavoured to effect their immediate union; but this we could not effect till after repeated attempts. By the use of sutures and strips of adhesive plaster, the parts were brought nicely together, and a very good stump formed.

The patient took, immediately after the operation, two grains of the extract of opium. He was in great pain for six hours afterwards, and was feverish during the whole of the night. On the following day he was easy, and the fever gradually left him.

On the 8th day from the operation, the dressings were removed. Union throughout the whole extent of the wound had taken place, with the exception of one point at the inferior part through which pus was discharged. After this, he was dressed every two or three days. On the 6th of July, the suppuration from the cavity of the joint had greatly diminished, and all the ligatures, with the exception of that from the femoral artery, had come away; the patient's health was also greatly improved. On the 11th, the remaining ligature came away, and after a fresh, but slight attack of fever, the man was nearly well by the 22d of July, and in the short space of a month from the time of the operation, he began to walk about in the wards of the hospital, with the help of two crutches, and in the beginning of August he was able to walk about the town.*

Some fatal cases of Dyspnœa, observed at the Hôpital de la Charité, and recorded by M. Andral, jun.

Since the improved study of pathological anatomy has given to medicine a new impetus, the number of nervous dyspnœa, or that are unattended with any assignable organic alteration, has remarkably diminished. However, whilst the cause of asthma, in nearly every case, can be legitimately traced to an alteration of the respiratory or circulatory organs, still a

* This case, although detailed with sufficient clearness, is defective, in as much as it contains no account of the appearances of the removed limb. Great operating surgeons seem to think this of no importance.—Ed. L.

few instances occur in which the true cause of dyspnœa is at least doubtful, and other cases in which the cause entirely escapes our observation. The following is an illustration of this.

Acute Bronchitis, Measles, sudden disappearance of the Eruption, Dyspnœa, Death.

A Baker, ætat. 20, of a strong constitution, but subject to a slight diarrhœa for the last five or six weeks, presented on the 10th of April all the precursory symptoms of measles—redness of the eyes, flow of tears, coryza, hoarseness, cough—and continued in this state for the three following days. On the 14th, the eruption appeared, and the patient took to his bed. On the 15th, his whole body was covered, and in the evening he was admitted into the *Charité*. Then he had a confluent well-marked eruption, hard and quick pulse, redness of the tongue and lips, and a strong cough. Towards the middle of the night the patient experienced, all of a sudden, an oppression, which rapidly increased, and on the following morning we found the patient in a state of partial asphyxia; the eyes prominent, the face violet colour, respiration short and very frequent, cough nearly constant, mucous expectoration copious. Percussion elicited the natural sound through the whole of the chest, but the mucous rattle was audible in different points by means of the Stethoscope. There were only a few pale spots of the cutaneous eruption, which were fast dying away. The pulse preserved its frequency and hardness, and the tongue its redness. This train of symptoms seemed to indicate the existence of pneumonia; nevertheless, the pathognomonic signs of this complaint were wanting. Could bronchitis merely occasion, by its extreme severity or exasperation, sudden accession to so severe a dyspnœa, and might not this inflammation, joined to that of the alimentary canal, account for the complaint with which the patient had been so violently attacked? Be this as it may, the indications of treatment were clear—to lessen the internal inflammation, and to effect a return of that on the skin. With this object, twenty leeches were applied to each side of the chest, and ten to the epigastrium. After the blood had ceased flowing, a blister was applied to each leg, and the skin all over was rubbed with a liniment of ammonia. Marked relief followed the use of these means; in the evening the respiration was much less impeded, the cough less frequent, and the tongue had lost its extreme redness. The eruption, however, had not returned.

17th. The patient presented the symptoms of a severe bronchitis, accompanied with fever.

18th. The fever was considerably diminished, and the opaque expectoration announced the speedy termination of the bronchitis. In the evening the respiration suddenly became very difficult, and twelve ounces of blood were abstracted from the arm.

The next morning the dyspnœa was still very considerable, and the pulse had become more quick. *Two blisters to the legs.* During the whole of the day the sense of suffocation continued to increase.

20th. Face extremely livid, violet colour of the lips, atrophy: from the appearance of the patient one would have thought that he was dying of aneurism of the heart. A few moments after my visit he died.

Inspectio cadaveris.—The mucous membrane of the larynx, trachea, and bronchia were of a scarlet red. In a few points at the beginning of the division of the bronchia there was a small number of white concretions, and resembling the false membrane found in croup. The lungs were sound, and crepitated throughout their whole extent, posteriorly they were gorged with blood. Heart natural; clots of blood, of a deep black, in the right cavities, stomach white as well as the small intestines; which contained a great number of ascarides and lombricoides, in the lower portion. Liver gorged with blood, spleen large and firm. There was a great quantity of serum between the arachnoid and pia-mater; the cerebral substance was not at all injected; the lateral ventricles, especially the right, were distended by a good deal of clear serum.

THE REAL SIMON PURE.

Two or three weeks since, we promised to give a complete exposure of the piratical delinquency of Mr. TYRRELL, of "HOLE and CORNER" notoriety, by comparing some paragraphs from his volume of published Lectures with paragraphs from the previously published Lectures in the pages of this work. This we shall now proceed to do, and will take a passage from every tenth page of SIMON'S book, beginning at page 136, where is contained the SNARE into which the unconscious SIMON PURE so unwittingly fell.

But chronic abscesses are slower in their march; take, for example, the psoas abscess to which we have alluded; it is often six months before matter makes its appearance in that complaint. If a person applies to you with a psoas abscess, and you ask how long he has had pain in his loins, he will tell you for four, five, or six months past.—SIMON, p. 146.

Certainly the formation of matter will be attended with a slight fever, but not of the hectic kind; the tongue will be clean, the pulse very little affected, and the person very slightly deranged, but after an opening is made into the part, constitutional irritation comes on, and life is then endangered. —SIMON, p. 136.

I had, myself, occasion, lately to perform an operation for a scirrhous breast, to which arsenic had been applied. I asked the woman which gave her the most pain, the application of the arsenical preparation, or the operation. She replied, that the pain of the operation was not greater than that of the application, and that the arsenic had been applied ten or eleven times.—SIMON, p. 166.

Now some of you might be induced to exclaim, How abominably inattentive must the medical man have been, who had the care of this patient; for all these consequences might have been prevented. If you said this, your censure would be culpable; you have no right to say so; for it is a case which might happen to any of you. Deformities of this kind generally arise after the process of healing is completed; they are the effects of the contraction of the cicatrices.—SIMON, page 176.

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Now, said Sir ASTLEY, in looking at a case like this, some of you might be induced to exclaim, How abominably inattentive must the medical man have been who had the care of this patient; for all these consequences might have been prevented. If you said this, your censure would be culpable; you have no right to say this; for it is a case which might happen to any of you. Deformities of this kind generally arise after the process of healing is completed; they are the effects of the contraction of the cicatrices.—THE LANCET, vol. i. p. 226.

The next circumstance to which we shall advert, as giving rise to difficulty in the treatment of ulcers, is a languid state of the sore, in which its action is deficient. What is the character of such a sore? You may know that it is in this state by the glassy, and semi-transparent appearance of the granulations; instead of the florid hue which characterises granulations in their healthy state, a considerable portion of them is bloodless.—SIMON, p. 186.

Before I conclude this part of the subject, I will mention a case which just occurs to me; I allude to that of Mr. LUCAS, the surgeon of the other Hospital. That gentleman, in consequence of having pricked his finger, had a very irritable sore, which obliged him to go into the country, where he remained for a considerable time. The remedy which he found most efficacious for bringing the sore into a healing state, was the application of a solution of nitric acid very much diluted.—SIMON, p. 196.

The next circumstance to which we shall advert, as giving rise to difficulty in the treatment of ulcers, is a languid state of the sore, in which its action is too slight. What is the character of such a sore? You may know that a sore is in this state, by the glossy, and semi-transparent appearance of the granulations; instead of the florid hue with characterises granulations in their healthy state, a considerable portion of them is bloodless.—THE LANCET, vol. I. p. 255.

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We think it unnecessary to continue these extracts any farther, sufficient having been already given to convince the most obdurate that Mr. TYRRELL's Lectures have been, in the most unblushing manner, taken from the pages of THE LANCET; indeed so faithful a plagiarist has SIMON PURE been, that he has even copied our printer's typographical errors; for instance, at page 362 of our first volume, occurs the ridiculous expression of *Hotel* DE *Dieu*, and the unfortunate SIMON, as if desirous of displaying consummate ignorance with barefaced dishonesty, has, at page 279, inserted this most palpable printer's blunder!

We shall now furnish our Readers with another treat, by serving up, for their amusement and instruction, a few Extracts from the *original cases* of this champion of "hole and corner" surgery. By these cases, the Real Simon Pure has doubtless thought to enrich his production, to show the variety and extent of his information, to prove his wonderful powers of illustration, and to manifest to the world what a Surgeon to the Eye Infirmary and to Saint Thomas's Hospital can produce in print, to the astonishment of the weak country practitioners, and their still weaker sons, who are come to his emporium of Surgery to benefit by his instructions. We are of opinion, that if the other Hospital Surgeons cannot afford more information than our Real Simon Pure, these young gentlemen would have done wiser to have remained in the country, as Hospital education must be a complete farce, and the expenditure of time and money a perfect waste of both. Let our Readers bear in mind, that *these original cases constitute the only difference* between the Real Simon Pure's volume and the pages of THE LANCET, excepting the price of the work, and the largeness of the type, both of which he has, for reasons we have exposed, more than doubled.

We had always, in our profound ignorance, been led to suppose, that Cheselden, Hunter, Pitt, Abernethy, Bell, and others, had done some little for the profession to which they belonged; but we find that we have all along been in error; for the Real Simon Pure tells us, in the very first paragraph of his preface, that, "the practices contained in the following

lectures, have almost *entirely originated* from Sir Astley Cooper." We refrain from entering upon this subject, not out of commiseration for the thoroughbred ignorance of the Real Simon Pure, but out of delicacy for the feelings of Sir Astley Cooper; but we fear that he will not be always equally fortunate in meeting with such tenderness on the part of Reviewers. We hardly know whether our Readers will be more disgusted at the fulsome adulation of Sir Astley Cooper, contained in the above sentence, or at the entire ignorance it manifests of the real history of the principles and practice of Surgery. At any rate we are quite sure, that Sir Astley's interests would have been in much better keeping, had they been intrusted to our care, than by being committed, as they have been, into the hands of a person whose weakness has involved Sir Astley's claim to originality in an awkward dilemma. A man has no worse enemy than an injudicious friend.

The first note affords a specimen of the ludicrous; it is intended to illustrate Sir Astley's beautiful lecture on Irritation, by the detail of a case occupying half a page; and what will our Readers suppose the Real Simon has selected from a large Hospital for this purpose, doubtless a case that both interests and instructs; a case that vulgar eyes can rarely feast upon; a case that even Sir Astley must feel grateful to the Editor for having been at the pains to select, in illustration of his principles. The bathos, alas! is profound. A man had a speck of iron stuck in his cornea, which the Real Simon Pure assures us, with much gravity, he extracted; and he furthermore assures us, that after its extraction the inflammation subsided. Woe to thee, thou Real Simon, when there shall be a medical Dunciad; yea, the very first place at the feast shall be reserved for thee.

The next cases present points equally novel. Two cases are most lengthily detailed, to show that, under certain states of disease, patients should be allowed the free use of such stimulating liquids as they have been in the habit of taking. These are quickly followed by another, to show that the author has been at Waterloo, which indeed he takes the pains more than once to tell us in the course of the volume.

Until the 45th page, he appears to content himself with detailing the cases, confining himself to the quiet task of a transcriber; he now tries more dangerous ground, and ventures to reason upon a point of pathology, which, as being the only instance in the whole volume in which the Real Simon Pure has reasoned, we shall lay before our Readers as a curiosity: "He had frequently observed, that abstraction of blood from the temporal artery in ophthalmia, was productive of no relief. This he mentioned to several medical friends, (exercising a very prudent diffidence in his own powers of observation,) who had remarked the same circumstance. He proceeds to account for it. The branch of the temporal artery generally opened is the frontal branch, which anastomoses with the superorbitary (we here recommend our friend whenever he has occasion to use a hard word, to feel the same proper diffidence, and to apply to a Dictionary for information; supra orbital, or, euphoniæ gratiâ, supra orbitar, latiné supra orbitalis,) and the usual method of stopping the flow of blood is to divide the branch which has been punctured, thus the anastomosis is cut off; and the blood, which before passed off by the divided vessel, is thus determined to the affected organ." Our anatomical and physiological studies had till now assured us (indeed we are not even now convinced that we are wrong), that the current of blood in the frontal branch of the temporal artery was from the trunk of the vessel to the extremity of the branch in question, where it inosculates with the ramifications of the supra orbital; and we also imagined, that the course of the blood in the latter artery was from the ophthalmic trunk, through the supra orbital branch, till it met the inosculating branches of the temporal; how, of two opposing currents, the division of one should throw more blood upon the other we are at a loss to conceive, even with the aid of the Real Simon Pure's reasoning. Before however giving him up in despair, we will oblige him with one word of information; namely, why opening the

temporal artery so often fails in producing relief? the reason is this, that, arteriotomy is rarely had recourse to, except in cases of the most severe ophthalmia, as the purulent form, and other rapidly disorganizing inflammations, in which, often, little or nothing can be done, and in which the want of success is to be attributed not to the inefficiency of this remedy, but to the essentially destructive nature of the disease.

We beg pardon for saying the above was the only instance of reasoning to be found in the volume, for a little farther on we meet with the following: "If the iris can be affected by the application of belladonna to the eyebrow, or if preparations of lead are beneficial in inflammation, when the surface is not broken, why may not anodynes allay irritation?" A specimen of close reasoning this.

Again,—"In many persons, when leeches are applied, they produce a kind of erysipelatous inflammation, rarely of a dangerous nature, but producing considerable disfigurement and inconvenience. In such cases they afford little or no relief." We thank thee, Simon, for the intelligence, that *when leeches produce erysipelas, they do not afford relief to the patient.*

In the two next pages, he informs us, that the application of lyttæ sometimes produces strangury, and that the moxa used on the continent is made by a roll of cotton dipped in a solution of nitrate of potass. For the first piece of information the profession will doubtless feel indebted to him; on the second head we beg to set him right. Moxa, as used on the continent, is "un cylindre de coton auquel on met le feu, et qui sert à cauteriser la peau." Nitre is never used, and ought never to be required, if the moxa be properly prepared. Those who try Simon Pure's moxa will not use it a second time.

The four succeeding notes contain an instance in which a tight bandage produced gangrene; a case of temporary amaurosis from the application of belladonna; a strong recommendation to cut abscesses where there are cores; and a long case of erysipelas benefited by the use of the concentrated preparation of bark—quinine. All these points, being equally new as they are instructive, we think it right to advert to, though not to particularize.

We had indulged the hope that we had nearly completed the anatomy of the Real Simon Pure, when we had arrived at that part of the volume which treats of injuries of the head, as we found only three cases detailed, in which we naturally enough expected to find nothing worthy of particular notice. We concluded that his manifest want of talent might be compensated for by his fidelity as a reporter; we expected to find one redeeming quality; but even in this expectation we have been deceived. We only beg the attention of the reader to the following case, as described by the Real Simon Pure:—"Thomas Denman, æt. 22, was admitted into St. Thomas's Hospital, Aug. 31st, 1824. He had been struck by a hammer, by accident, on the superior part of the frontal bone, to the left of the median line. The blow had produced a compound fracture, with depression to the extent of half-a-crown. He was perfectly sensible, and said he only felt a soreness at the injured part. I removed the whole of the fractured bone which was comminuted; one small portion had penetrated the dura mater. He has been treated just as the former patient was, and has not had a bad symptom since." We will not contrast the drawing up of this case by Simon Pure with the Report in No. 10, Vol. IV., but will proceed to show the *real termination* of it, as detailed in the faithful pages of The Lancet, No. 14, Vol. IV.;—"On *dissection* of this case, a large abscess was found in the fore part of the left hemisphere of the brain, containing about two ounces of a greenish-coloured pus. The abscess extended to the level of the corpus callosum on the inner side, and was very superficial towards the external surface of the hemisphere on the left side."

We consider this as the climax. We have toiled through a jumble of common-place remarks, stale truisms, and long-spun cases, much to our own edification, as well as, no doubt, that of our Readers. These, it is true, we might have overlooked in benevolent compassion for the imbecility of the head that could think of adding to the

value of Sir Astley Cooper's Lectures by such paltry trash; but we cannot, consistently with our professed character as guardians of the moral rectitude as well as interests of the medical public, allow this last attempt at imposition to pass without exposing it in its true colours. He might have been content with palming upon the public *our pages* for *his own* production; he might reasonably enough have satisfied himself with the enormous profit which such unpaid for plagiarism could produce, without having the unblushing effrontery to publish false facts, which a little reflection (if the Real Simon Pure ever does reflect) must have told him could not long remain without exposure. The world will hardly credit that a hospital surgeon could *publish, as a successful case, one* that we had already given the *post-mortem examination* of; such, however, is the fact, as may be proved by a reference to our own pages.

We feel it but justice to make one or two observations respecting ourselves: the first is to request that our readers will compare the original matter (which we pledge ourselves to have fairly given from Mr. Tyrrell's volume) with the original matter, extracts from foreign works, and hospital reports contained in those numbers of The Lancet, which give Sir Astley Cooper's Lectures, and then to form an unbiassed judgment of the comparative merits of the two. We also feel it our duty to repeat, that, were it not for the existence of a public censorship, such as that exercised by The Lancet, the public would be grossly imposed upon in the most important part of the medical profession, namely, the Reports of Hospital Cases. In this instance The Lancet has, fortunately for the cause of truth, been able to unveil the Real Simon Pure, of whom for the present we take our farewell and leave to his own reflections.

To the Editor of THE LANCET.

SIR,

ALLOW me, through the medium of your valuable publication, to call the attention of those persons, whose duty it is to interfere in such cases, to the shameful practice which has for a long time existed at St. Thomas's Hospital, of allowing men *regularly* to enter and hawk *porter* through all the wards on the men's side of the house. To say nothing of the danger inevitably consequent on the toleration of such a custom, it is utterly inconsistent with that strict discipline that should be maintained in a public Institution, to the officers of which a great moral responsibility is necessarily attached.

I have witnessed many cases in which patients upon "low diet" have indulged in plentiful potations of this beverage, unknown, of course, to the surgeon, and supposed to be unknown to the sisters and nurses.

Many thanks are due to your efforts for the correction of many public abuses, and the design of this letter is to bring this practice under the notice of individuals who possess the power of preventing it. Convinced of the utility of your publication, I remain, one of its numerous supporters,

A DRESSER OF ST. THOMAS'S.

Nov. 15, 1824.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your giving the enclosed a place in the columns of THE LANCET.

I am, Sir,
Your obedient Servant,
G. D. DERMOT.

Royal College of Surgeons, in London, 12th November, 1824.

SIR,—The document signed by the Surgeons to the Westminster Hospital, recognizing you as a Teacher of Anatomy, has been laid before the Court of Examiners of this College, and I am directed to inform you that, in consequence of such recognition, the certificates of attendance upon your Winter Courses of Lectures on Anatomy, and also your certificates upon your Winter Courses of Dissections, will be received by the Court.

I am, Sir,
Your most obedient servant,
EDM. BELFOUR, SEC.

Mr. G. D. Dermot,
Hollen-Street, Soho.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Tic Douloureux, successfully treated by the Carbonate of Iron.

R. D., aged 74, a sailor, but yet a man of regular habits, was admitted into Luke's ward, on the 29th of September, under the care of Sir ASTLEY COOPER.

The pain was seated principally in the trunk and distributions of the infra orbital nerve; the paroxysms were dreadfully severe; and, for four months previous to his admission, occurred four or five times in the day, but always more excruciating towards evening.

From some cause or other, he did not commence the use of any medicine until the 19th of October. We suppose it might have been wished to ascertain what effect would be produced on the complaint by hospital air and diet. But, since that time, he has taken *half a drachm of the carbonate of iron three times in the day*. At the end of a fortnight, the pain was very much mitigated, and the paroxysms did not return so frequently.

In another week he was more decidedly benefited, although the dose of the medicine was not increased.

Up to the present time, Nov. 17th, the pain has gradually diminished in force and frequency. The patient has only a slight twinge or two of an evening; his bowels are regular, and general health good.

We think a more decided impression might have been made on the disease in this case, if the doses of the carbonate of iron had been gradually increased. Eight times the quantity of this medicine has been given three times in the day; and, latterly, every six hours, to two young females, aged 13 and 15, patients of Dr. ELLIOTSON, in St. Thomas's Hospital, with chorea, who were discharged last week perfectly cured.

Case of Fracture of the Internal Condyle of the Humerus.

A man, having a swollen and nearly fixed elbow joint, was brought into the operating theatre for Sir ASTLEY to see on Tuesday. The fore-arm was in a straight line with the upper, and could not by any effort of the patient be brought towards it. There was a hollow between the head of the radius and the olecranon, more than is usually the case, and an apparent projection of the outer condyle. Sir ASTLEY remarked, that the ulna was carried back with the broken condyle, and that the radius was remaining in its place. It is a case, said he, which is eternally mistaken for a dislocation of the ulna backwards; I have seen these cases frequently, and what I do is this: I bend the fore-arm forcibly towards the upper, until I bring it nearly to right angles with it; I make them bend to me; for an arm anchylosed, in that position, will be very useful; whereas, if left straight, it would only be in the way. The man said, that the accident had occurred five weeks since; Sir. A. then placed his hand firmly upon the upper arm, and, using considerable force, flexed the fore-arm nearly to a right angle. A sling was then put round the wrist, and carried over the neck, so as to prevent the arm from dropping.

The only operation performed this week is the injection of a hydrocele by Sir ASTLEY COOPER. The tunic had been injected in the summer with water only, but it failed to excite the adhesive inflammation, although the same practice had in several other cases been attended with success. The fluid injected in this operation was the solution of the *sulphate of zinc*, in the proportion of *one drachm to a pint of water*; which is the injection most commonly used at the hospital.

The accidents received are a fracture of the collar bone; a contusion of the hip and leg; a case of strangulated inguinal hernia; the man was brought in on Wednesday evening, having all the symptoms of strangulation, which had been urgent for some time before; the taxis was tried, but did not succeed; as was the tobacco eneme, but without success. The operation was advised, to which the patient would not consent; and, on the following morning, Mr. MORGAN again tried the taxis, and succeeded in reducing it.

ST. THOMAS'S HOSPITAL.

Continuation of the case of Strangulated Femoral Hernia.

Nov. 10. The patient has no pain or tenderness of the abdomen; the pulse continues soft and slow; the skin cool; and the tongue furred very little. The pus discharged from the wound is small in quantity, but of a good colour. The edges of the wound looked a little dirty, and as the febrile symptoms had in a great measure subsided, she was ordered one pint of *porter* to be taken in the day; the fomentations and poultices to be continued.

11th. The night was not passed so tranquilly as the preceding one, principally owing to the porter which she had taken having produced griping pain in her bowels, followed by purging. The porter, of course, to be omitted. Four ounces of *port wine* ordered to be taken during the day. The wound is rather inactive, and the age of the patient will admit of a slight stimulant. Continues the poultice.

12th. The wound looks a little cleaner, the slight slough which had formed on the edges of the wound has separated, and the discharge is increased. Ordered a mutton chop, and to continue the wine increased to six ounces.

15th. No bad symptoms; sleeps comfortably; the bowels are regular, and the pulse tranquil; granulations arising from the wound. The quantity of wine has been increased to eight ounces, and the patient may now be said to be going on very well.

Curious case of Anchylosis of great part of the vertebral column, probably produced by an ossification of the intervertebral substance.

E. B., a young woman, aged 19, was admitted into Dorcas's ward about three weeks ago under the care of Mr. Travers.

She says that, about three years since, she was attacked with aching pains in her back, from which time she has been gradually getting worse; and that in the early part of her life she had been accustomed to lift heavy weights. She first came into the Hospital about twelve months since, as a patient of Mr. Travers, and remained here six months, during which time moxas were applied on each side the spine, and alterative medicines taken without any benefit. She went afterwards to Margate, and remained there four months without any advantage.

There is no external appearance of disease, no swelling, no deformity, nor has there ever been any tenderness on the spine when pressed. The patient is incapable of flexing the spine below the last cervical or first dorsal vertebra; below this point it appears completely anchylosed. There is no motion allowed excepting that of the pelvis on the thigh bones; so that, if you desire her to stoop forwards, the trunk immediately falls with great suddenness below a right angle with the thighs; from this position she cannot raise herself, but when assisted by raising the arms, the extensor muscles of the spine, and even of the head, act spasmodically, so as to jerk the head back. This may arise from mechanical irritation, as from an ossific deposit projecting into the muscular structure; or, what is more probable, it may be owing to these muscles being put very powerfully and suddenly upon the stretch, when the spine is thrown so forcibly forward. Muscular contractions are not performed regularly immediately after considerable extension has taken place. This may be noticed in the attempts made to reduce dislocations.

Since she has been in the hospital this time the warm, cold, and vapour baths have been used, and also frictions. Blisters have been twice applied to the whole length of the spine, but have not afforded any relief. The girl's appetite is unimpaired; she sleeps well, and her general health is good.

No operations have been performed here this week; and the only accident received that is at all out of the common way, is a dislocation of the sternal end of the clavicle forwards.

MIDDLESEX HOSPITAL.

Conclusion of the Case of Joseph Wolfrey.

The following facts, respecting this lad, have been copied from the Hospital Case Book of Mr. C. BELL, as our correspondent had no opportunity of seeing the patient, he having been removed from the Hospital on the 11th of September, from which time he was attended at his parent's residence by Mr. BELL's dressers.

August 21. To-day the boy complains of sickness and head-ache; the pain being principally at the vertex of the head. The original wound has healed, and he has no uneasiness there. He has taken occasionally the P. Jalapæ. C.

23. He was cupped on the back of the neck; there was tenderness on the cicatrix, to which poultices were applied, and a small piece of bone was removed from the wound. There was a small swelling above the cicatrix, in which pulsation may be observed.

25. Sickness diminished; pulse less rapid, and full.

Sept. 1. He was slightly delirious this morning, sick, and vomits his medicine and tea; there is a blush of redness about the wound, to which leeches were applied.

8. He continued much the same during last week. Sickness now left him. Particular attention has been paid to prevent the scales on the cicatrix from confining matter below them; only a few drops of matter, however, have been discharged.

11. He was removed by his friends from the hospital. He was not improved in health, but gradually becoming more weak, without the exhibition of any more distinct symptoms of disease in the brain.

17. Visited at his home by one of the dressers, who reports that he gradually sunk without any symptoms more remarkable than those already detailed.

Oct. 13. He lost his sight completely, but recognised the dresser's voice when he came to visit him, and was perfectly sensible. His mother says, that till within a short period of his death, he ate his food heartily and had a good appetite.—16. He was convulsed for some time, and died.

Dissection.

The small tumour which projected, during his life-time, through the opening of the skull, was now fallen completely, and in its place there was a depression. The scalp and dura mater adhered firmly together at the place of the cicatrix of the old wound, and both together were so thin and intimately united, that they could not be separated by the knife. Neither the dura mater, which appeared through the opening, nor the neighbouring bone, was remarkably vascular. When the scull-cap was lifted, there was no appearance of inflammation of the dura mater, but it had rather a dulness of appearance. There was no connexion between the dura mater and the bone at the place of the fracture. The edges of the hole made in the skull, by extracting the fractured portions of bone, had now become thin, even, and smooth, as is shown in the preparation in the Museum. The part of the dura mater that was included within the edges of this hole was not distinguishable from the rest by increased thickness of texture. On patting with the finger on the brain which was below where the fracture existed, a sensation of undulation was communicated to the finger—the abscess could here be felt. When the dura mater was removed from the brain, its surface presented a light greyish appearance, very unlike the appearance of recent inflammation. A puncture was made in the abscess at that point where the walls seemed thinnish, and an extraordinary quantity of pus discharged by this channel or orifice. It was found, by slicing down the brain, that the whole anterior right lobe of the cerebrum was converted into an abscess, the coats of which were exceedingly thin, being formed of the cineritious surface of the brain. The abscess occupied the anterior part of the middle lobe also, and it destroyed the natural appearance of the greater part of the lateral ventricle of that side. It descended so deeply into the substance of the brain, that one of the thinnest parts of its walls was at the situation of the optic nerves, for here it burst

whilst the brain was extracted, and a quantity of matter oozed out; at that part we calculated that there were eight ounces of matter contained within the abscess. Within the left ventricle a teaspoonful of serous fluid was discovered. On scraping the internal surface of the abscess, and clearing away the matter, the surface was of a whitish colour, and small vessels were seen ramifying upon it.

Sept. 22.—After the dura mater had been macerated, there was found a portion of rough bone, about three times the size of a pin's head, included within its texture. No evident sign of irritation on the dura mater was observed during the examination.

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